

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

SHEET 1 of 1

Complete if Known

| | |
|----------------------|----------------|
| Application Number | 10/528,793 |
| Filing Date | March 23, 2005 |
| First Named Inventor | Toru MIYANO |
| Art Unit | 6226 |
| Examiner Name | To Be Assigned |
| Attorney Docket No. | MTS-3553US |

NON-PATENT LITERATURE DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published | T ² |
|--------------------|-----------------------|---|--------------------------|
| | | "SCSI Overview - HD Jumper Settings" INTERNET, [Online] 1/13/01, XP002428117, URL: http://web.archive.org/web/20010113183900/http://www.dawicontrol.com/german/html/tipll.htm > | <input type="checkbox"/> |
| | | "SCSI-2 Spec - Direct-access devices" INTERNET, [Online] 04/19/01, XP002428118, URL: http://web.archive.org/web/20010419233400/http://www.scsimechanic.com/scsi/SCSI2-09.html > | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| Examiner Signature | | Date Considered | |

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

¹Applicant's unique citation designation number (optional)

²Applicant is to place a check mark here if English language translation is attached.

The collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.